and

(c) the steps being taken by Government to control this fatal disease?

47 THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) 258 cases of AIDS and 11 deaths due to AiDS have been reported by the State health authorities since 1993. During the same period, 160112 cases and 10187 deaths have been reported in the country.

(c) Government of India is implementing National AIDs Control Programme as a 100% centrally sponsore scheme. The main activities include targeted interventions among groups with high risk behaviour such as commercial sex workers, men having sex with men, injecting drug users, truckers and migrant labour; IEC & advocacy activities, condom promotion; and improving access to counselling and testing facilities and treatment of sexually transmitted diseases, opportunistic infections and anti retroviral therapy. Inter sectoral collaboration, involvement of the civil society and persons living with HIV& AIDS & mainstreaming activities are also promoted

Primary Health Centres under NRHM

342. SHRI BHAGWATI SINGH : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the detailed guidelines for National Rural Health Mission and the parameters fixed for opening of Primary Health Centres;

(b) how many such heaith centres have been opened since the introduction of the scheme;

(c) whether Government would open a Primary Health Centre for the benefit of the people of village Nadu under Chirgaon Tehsil in Shimla District of Himachal Pradesh; and

(d) if so, by when?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI FANABAKA LAKSHMI): (a) and (b) The National Rural Health Mission (NRHM) 2005-2012, seeks to provide effective heaitn care to rural population throughout the country with special focus

on 18 States which include 8 EAG States, namely Uttar Pradesh, Uttaranchal, Jharkhand, Bihar, Orissa, Rajasthan, Madhya Pradesh and Chhattisgarh; 8North-eastern States and Himachal Pradesh and Jammu & Kashmir, which have week public health indicators and/or weak infrastructure. It aims at bridging the gap in rural health services to creation of a cadre of Accredited Social Health Activist (ASHA) and improved hospital care, decentralization, programme to improve intra and inter-sectoral convergence and effective utilization of services. It also seeks to build greater ownership of the programme.

The Mission further seeks to build greater ownership of the programme among the community through involvement of Panchayati Raj Institutions, NGOs and other stake holders at National, State, District and Sub-district levels

The Primary Health Centres (PHCs) are currently provided on the population norm of 1 per 30,000 population in general areas and 1 per 20,000 population in tribal/desert areas.

Under NRHM, the PHCs will be strengthened to provide a package of essential public heaith programmes and support for outreach services to ensure regular supplies of essential drugs and equipment, round the clock services in all PHCs across the country, upgrading single doctor PHC to 2 doctors PHC (one male-and one female) and by posting AYUSH practitioner at PHC level and providing ^standard treatment protocols and training medicaliOfficers and para-medical workers in their use.

(c) and (d) The State Government of Himacha! Pradesh has to propose the opening of new Health Centres depending upon the felt needs of people in their Annual Programme Implementation Plan underNRHM.

Legislation for treatment of accident victims

343. SHRI MAHENDRA MOHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to stater

(a) whether it is a fact that 17th Law Commission has recommended for enacting legislation for compulsory treatment of accident victims by all hospitals/medical practitioners;

(b) if so, the reaction of Government on the recommendations; and